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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/27/2011
FORM APPROVED
OMB NO. 0938-0391

45th 2104112

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445244	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2011
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CLEVELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 3530 KEITH ST NW CLEVELAND, TN 37311
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 144 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure Battery-Powered Emergency Lighting was provided in the location where the emergency generator electrical control panel is installed. The findings include: Observation on December 19, 2011 at 11:30 a.m. revealed the emergency generator control panel room has no Battery-Powered Emergency light installed.</p>	K 144	<p>It is the practice of this facility to assure that all miscellaneous life safety issues are within compliance at all times to include the Battery-Powered Emergency Lighting is placed at the location where the emergency generator electrical control panel is installed, and was completed on December 20, 2011.</p> <p>No residents have been affected by this practice.</p> <p>Preventive Maintenance Logs will be completed to ensure continued compliance for one year following the noted issue, or until substantial compliance.</p> <p>Preventive Maintenance Logs will be reviewed quarterly in P1 to ensure continued compliance for one year following the noted issue, or until substantial compliance</p>	01/20/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JAN 06 2012